

CITY OF TEMPE
REQUEST FOR ACCOMMODATION

| | | | |
|----------------------------|----------------------------|-------|----------|
| Name | | Date | |
| Address | City | State | Zip - |
| Daytime Phone () - | Evening Phone () - | | |

| |
|---|
| Nature of Disability: |
| City Facility, Program, Activity or Position Affected: |
| Description of Accommodation Requested: |
| <p>Date Accommodation Desired (if applicable):</p> <p><i>I hereby request the above accommodation and affirm that I am a qualified individual with a disability pursuant to the Americans with Disabilities Act.</i></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 45%;"><p>_____ Signature</p></div><div style="width: 45%;"><p>_____ Signature of Parent or Guardian (if applicant is under 18)</p></div></div> <p><i>(NOTE: Certification of disability from a physician may also be required.)</i></p> |

| | | | |
|---|--|--|--|
| — TO BE COMPLETED BY CITY OF TEMPE — | | | |
| <div style="display: flex; justify-content: space-between;"><div>Received by: _____ <i>Name</i></div><div>_____ <i>Department</i></div><div>_____ <i>Date</i></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div><input type="checkbox"/> Approved: _____ <i>Name</i></div><div>_____ <i>Department</i></div><div>_____ <i>Date</i></div></div> <div style="text-align: center; margin-top: 10px;">_____ <i>Signature</i></div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"><div><input type="checkbox"/> Approved as requested <input type="checkbox"/> Explanation attached</div><div><input type="checkbox"/> Alternative approved <input type="checkbox"/> Copy to Disabilities Assistance Officer</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div><input type="checkbox"/> Denied: _____ <i>City Manager Signature</i></div><div>_____ <i>Date</i></div></div> | | | |